

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Chestet G		09-94-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	2A	1120	10-18-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date		Claim	Date		Claim	Date	
Final	Original		Final	Original		Final	Original	
1	1	10/22/94	51			101		
2	2		52			102		
3	3		53			103		
4	4		54			104		
5	5		55			105		
6	6		56			106		
7	7		57			107		
8	8		58			108		
9	9		59			109		
10	10		60			110		
11	11		61			111		
12	12		62			112		
13	13		63			113		
14	14		64			114		
15	15		65			115		
16	16		66			116		
17	17		67			117		
18	18		68			118		
19	19		69			119		
20	20		70			120		
21	21		71			121		
22	22		72			122		
23	23		73			123		
24	24		74			124		
25	25		75			125		
26	26		76			126		
27	27		77			127		
28	28		78			128		
29	29		79			129		
30	30		80			130		
31	31		81			131		
32	32		82			132		
33	33		83			133		
34	34		84			134		
35	35		85			135		
36	36		86			136		
37	37		87			137		
38	38		88			138		
39	39		89			139		
40	40		90			140		
41	41		91			141		
42	42		92			142		
43	43		93			143		
44	44		94			144		
45	45		95			145		
46	46		96			146		
47	47		97			147		
48	48		98			148		
49	49		99			149		
50			100			150		

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY

02/12/95